



**ESRD Update:
Transitioning to New ESRD Conditions for Coverage
Student Manual**

**Lesson #15:
Worksheets**

Entrance Conference Worksheet

Facility: _____ Date: _____

Gather the following information from the facility representative:

- Current census: HD in-center: _____
- Number of currently used treatment stations: _____
- What are the facility's days & hours of operation?
- How many patient shifts are there on MWF? _____ TTS? _____
- What hours is the facility open? _____
- What time do patient shifts start? _____
- What time do staff arrive? _____
- When are water tests done? _____
- Does the facility practice reuse? Y__ No__ If yes, what type of germicide is used? Is the reprocessing centralized? Y__ No__
- Does the facility have an isolation room? Y__ No__ Do you accept Hepatitis B positive patients for treatment? Y__ No__ If yes, what are the names of those patients?
- Does the facility have any home programs? Y__ No__ If yes, PD? N__ Y__ # of PD patients: ___ HD? N__ Y__ # of HD home patients: ___
- Does the facility provide home staff-assisted hemodialysis?
- If the facility does not provide home peritoneal and/or hemodialysis training and support, how is access to these modalities provided?
- Does the facility dialyze or support the dialysis of nursing home patients at their nursing homes?
- Names of key facility personnel:

Medical Director		Administrator	
Nurse manager		Home training nurse	
Masters Social Worker*		Registered Dietitian	
Chief technician			

*List social worker without masters degree only if working in ESRD 1 year before 9/76.

- Are any staff members currently in orientation?
- Do agency nursing staff provide care in the facility?
- Has the facility ever had any TB conversions (patients or staff)? Y__ No__ If so, did the facility report TB positive patients to the state health department? What action is taken if a patient is identified with active TB?
- Are there any current patients with MRSA or VRE? What are the names of those patients?
- What system for patient medical records is used? Is part or all of the medical record computerized?

Entrance Conference Reference Materials List

Facility: _____

Date: _____

Documents/items needed for review during the survey:

I. Needed within 4 hours:

- List of current patients by name, separated into modalities, with admission dates
- Current hemodialysis patient listing by shifts with any isolation patients identified (seating chart or assignment sheet)
- Aggregate list of individual patients' lab results for Kt/V, URR, Hgb, Tsat%, ferritin, albumin, Ca⁺, phosphorous, PTH for the previous quarter
- Infection logs for past 6 months
- Hospitalization logs for 6 months
- Vascular access information (by patient name and access type in use: as reported to the ESRD Network)
- Any pediatric patient names/ ages (≤ 18 years old)
- Residents of Long Term Care facilities
- Any involuntary discharges since last survey

II. Needed within 24 hours:

- Patient care staff schedule/timesheet for the current time period (last two weeks, at a minimum)
- Policy and procedure manuals for patient care, water treatment, dialysate preparation and delivery, infection control, and dialyzer reprocessing/reuse, if applicable.
- Facility identified target/threshold values for Kt/V (URR), Hgb, ferritin, Tsat%, Ca⁺, phosphorous, PTH, albumin
- Facility specific fire/emergency and disaster preparedness plans and a log of drills conducted
- Patient grievance log for past 12 months
- Adverse Occurrence (e.g. clinical variances, unusual events) documentation for the past 12 months
- List of Governing Body members and minutes of meetings for past 12 months
- QAPI committee meeting minutes for past 12 months and any supporting materials
- Any written agreements for services (e.g. Hospital Transfer Agreement, Laboratory, Infectious Waste Disposal, Skilled Nursing Facilities, Centralized Reuse Centers, and any consultants used, e.g., MSW, RD)
- Documentation of the hemodialysis patient care technician training program content and the plan for certification of the PCTs.
- Copy of patients' rights information provided to patients

Medical Record Review–Hemodialysis

Patient Name: _____ **ID#:** _____ **Review Date:** _____ **Facility:** _____
DOB/ Age: _____ **Vascular Access:** _____ **Surveyor:** _____
Admit Date: _____ **Reason Sampled:** _____ **Dialyzer:** _____ **Reuse? Y / N**
Diagnosis: _____

Physician's Orders:

Treatment Date:	N/A																		
	Rx:																		
Reuse: ID w/2 initials																			
Presence and absence of germicide ✓																			
pH ✓ pre tx																			
Conductivity ✓ pre tx																			
Assessment Pre/Post																			
Pt monitored = policy																			
BP↑↓																			
Symptoms addressed?																			
Physician notified																			
Glucose ✓ per Rx																			
Treatment time met?																			
Post wt = dry wt																			
DFR per Rx																			
BFR per Rx																			
Na variation																			
Dialysate: K +																			
Ca+																			
Heparin bolus																			
Heparin/hr																			
IV Vitamin D																			
IV Iron																			
ESA																			
Other meds																			
Record legible?																			

Comments:

Orders, Plan of Care, progress notes, etc. demonstrate implementation of the POC:

Physician:

Nurse:

RD:

MSW:

Patient/Designee involved:

If home HD patient: Home records = care delivered per order? Y N Home care = in-center care? Y N
 Home visit: Y N Records of care reviewed by IDT member? Y N

Lab Values	Compare with the facility target/threshold goals and clinical practice standards on MAT*				
Date:					
Albumin BCG ≥4.0mg/dL					
Calcium 8.5-10mg/dL					
Phosphorus 3.5-5.5mg/dL					
Ca+/PO4 ≤70					
PTH 100-300 pg/ml					
Na 135- 148mEq/L					
K 3.5-5.5mEq/L					
Hgb 10-12g/dL,<13					
Hct 30- 36%					
WBC <10					
Ferritin 200-500mg/ml					
Transferin Sat >20%					
Glucose					
Kt/V ≥1.2					
URR >65%					
Creatinine					
CO2 22-28					
Hepatitis B-Ag/Ab					
HBV vaccine given					

* Values listed here are from MAT except for K, WBC and CO2 which are not referenced on the MAT

Patient Assessment and Patient Plan of Care Review (Stable = annual; Unstable = monthly; Goal not met = update)

Assessment Criteria	Date(s)	Plan of Care	POC Tag	Goal Met?	If Not Met- Reassessment And POC Revision(s)
Current health status V502				Y/N	
Approp of dialysis Rx V503				Y/N	
BP/ fluid manage V504			V543	Y/N	
Labs V505				Y/N	
Immunization/med hx V506				Y/N	
Anemia V507			V547 V548 V549	Y/N	
Renal bone disease V508			V546	Y/N	
Nutritional status V509			V545	Y/N	
Vascular access V511			V550 V551	Y/N	
Adequacy V518			V544	Y/N	
Psychosocial needs V510			V552	Y/N	
Family/support sys V514			V552	Y/N	
Current phys activity/voc rehab V515			V555	Y/N	
Eval for home modality**V512			V553	Y/N	
Transplant referral** V513			V554	Y/N	

** If the patient was determined as not suitable for home dialysis or transplantation, there must be evidence of that rationale.

IN-CENTER HD PATIENT INTERVIEW GUIDE

Patient Name: _____ ID #: _____ Date/Time: _____

Facility: _____ CCN: _____

Surveyor: _____ #: _____

Introduce yourself, explain the purpose of the interview and ask for permission to proceed. If the patient prefers, offer to meet privately, or to call them at a later time. You may offer the patient a copy of the interview questions to follow along with you.

1. How long have you had kidney disease/been on dialysis? What was the cause of your kidney disease? What have you been taught about your dialysis treatment? (V461, 562)
2. What were you told about the other treatment options available to you, such as home hemodialysis, manual or automated peritoneal dialysis, and kidney transplant? (V458, 554)
3. What type of vascular access do you have? What have you been told about the different types of vascular accesses? Do you know what to do if you have bleeding from your needle sites at home? Have there been any problems with your access? (V511, 550, 551, 562)
4. Does the facility use your artificial kidney (dialyzer) more than once for you? (If applicable) How were you informed about reuse? How do you know you get your dialyzer each treatment? (V312, 460)
5. What have you been told to do in an emergency situation here at the facility, such as fire or power outage? What have you been told to do in the case of a natural disaster, when you cannot get your regular dialysis treatments? (V412)
6. Have you ever experienced problems during dialysis, such as fever, chills, dizziness, pain in your needle sites, or severe cramping? (V354-355)
7. How do you feel after dialysis? Is your weight goal achieved? Have you ever had physical problems at home after dialysis? (V543)
8. Do you feel staff are adequately trained? (V132, 260, 308, 309, 681, 760) Do you feel safe here? (V401, 402, 407)
9. Do you feel there is enough staff on duty to care for you and the other patients safely? Are the machine alarms answered promptly? Can you describe an incident when you felt there were not enough staff? (V757)
10. How do the staff examine/assess you before and after dialysis? How often do they check your blood pressure during the treatment? (V504, 715)
11. Is the facility clean? (V122) Are your chair and machine clean when you come in? (V122) Do the staff change gloves and wash their hands between caring for other patients and you? (V122, 113)

12. Who is your physician? How often does your physician see you here? (V560)
13. Do the physician and staff here let you do as much of your care and involve you in planning your care here as much as you'd like? Do they discuss changes in your treatment with you before they are made? (V456, 501, 541)
14. Does anyone discuss your lab values with you? (V541) Have they discussed your dialysis "adequacy" and anemia with you? (V562)
15. Has anyone talked with you about your managing fluids and your blood pressure? (V504, 543)
16. How often do you see a dietitian? Has the dietitian provided you guidance with food choices and meal preparation? (V509, 545)
17. How often do you see a social worker? Has your social worker talked with you about how you and your family are coping with kidney disease and dialysis? What other things has the social worker assisted you with? (V510, 552)
18. Do you feel the staff treat you with respect? (V452) Is your privacy protected when speaking with the physician or staff? (V406, 454)
19. Were you informed about your rights and responsibilities? Did you understand what you were told? If you don't understand something the staff tells or gives you, do you feel comfortable asking for more information? Are your questions answered? (V451, 453)
20. If you had a problem or complaint, who would you talk to about it? Are you aware of a facility grievance procedure? Did you know you could file a complaint anonymously? Are you aware of the ESRD Network grievance procedure? (V465-467)

Is there anything else you would like to tell me about your care at this facility?

Thank the patient for talking with you and inform them of how long you will be at the facility if they wish to discuss additional issues.

PERITONEAL DIALYSIS PATIENT INTERVIEW GUIDE

Patient Name: _____ ID #: _____ Date/Time: _____

Facility: _____ CCN: _____

Surveyor: _____ #: _____

Interviews with PD patients may take place in person (when the patient comes to the facility for a clinic visit, etc.) or by phone. Introduce yourself, explain the purpose of the interview and ask for permission to proceed.

1. How long have you had kidney disease/been on dialysis? What was the cause of your kidney disease? (V461, 562)
2. What were you told about the other treatment options available to you, such as in-center hemodialysis, home hemodialysis, and kidney transplant? (V458, 554)
3. What have you been told to do in the case of a disaster or emergency, when you may not have electricity or cannot get your supplies? (V412, 585)
4. Tell me about your training to do peritoneal dialysis. Who did the teaching? How long did it take? What kinds of things were you taught? Do you have a guide to refer to for questions/problems at home? How did the nurse who trained you know you were ready to do this yourself at home? (V584, 585, 586)
5. What sorts of things were you taught to report to your physician or home training nurse? (V585)
6. Have you ever had to contact the nurse or physician after hours? Do you have a way to do this if you need to? (V585)
7. How often do you come to the facility for clinic visits? How and how often do you get your treatment records to the clinic? Do you know if anyone reviews them? (V587)
8. Who is your physician? How often and where does your physician or her/his associate see you? (V560)
9. Do the physician and staff involve you as much as you'd like in your care and in planning your care? Do they discuss changes in your treatment with you before they are made? (V456, 501, 541)

10. Does anyone discuss your lab values with you? Have they discussed your dialysis "adequacy" and anemia with you? (V585, 562)
11. Has anyone talked with you about managing fluids and your blood pressure? (V504, 543)
12. How often do you speak to a dietitian? Has the dietitian provided you guidance with food choices and meal preparation? (V509, 545, 581, 592)
13. How often do you speak to a social worker? Has your social worker talked with you about how you and family are coping with kidney disease and home dialysis? What other things has the social worker assisted you with? (V510, 552, 581, 592)
14. Does anyone from the dialysis facility visit you at home? (V589)
15. Do you use EPO at home? Did you/your caregiver have training on administering the EPO? Tell me about the training, e.g., who provided the training, what did it include, were you taught about the possible side effects. How is EPO transported or delivered to your home? Where do you store the EPO in your home? (V548, 585)
16. Do you feel the staff treat you with respect? (V452) Is your privacy protected when you are at the dialysis center? (V406, 454)
17. Were you informed about your rights and responsibilities as a patient? Was it understandable? If you don't understand something the staff tells or gives you, do you feel comfortable asking for more information and are your questions answered? (V451, 453)
18. If you had a problem or complaint, who would you talk to about it? Are you aware of a facility grievance procedure? Did you know you could file a complaint anonymously? Are you aware of the ESRD Network grievance procedure? (V465-467)

Is there anything else you would like to tell me about your care at this facility?

Thank the patient for talking with you and inform them of how long you will be at the facility if they wish to discuss additional issues.

HOME HEMODIALYSIS PATIENT INTERVIEW GUIDE

Patient Name: _____ ID #: _____ Date/Time: _____

Facility: _____ CCN: _____

Surveyor: _____ #: _____

Interviews with HHD patients may take place in person (when the patient comes to the facility for a clinic visit, etc.) or by phone. Introduce yourself, explain the purpose of the interview and ask for permission to proceed.

1. How long have you had kidney disease/been on dialysis? What was the cause of your kidney disease? (V461, 562)
2. What were you told about the other treatment options available to you, such as in-center hemodialysis, manual or automated peritoneal dialysis, and kidney transplant? (V458, 554)
3. What type of vascular access do you have? What were you taught about caring for your access? What have you been told about the different types of vascular accesses? (V511, 550, 562, 585)
4. What have you been told to do in the case of a disaster or emergency, when you may not have water or electricity for your treatment or cannot get your supplies? (V412, 585)
5. Tell me about your training to do home hemodialysis. Who did the teaching? How long did it take (hours per day, days/weeks)? What kinds of things were you taught? Do you have a guide to refer to for questions/problems at home? How did your nurse know you knew to do this yourself at home? (V584, 585, 586)
6. Do you have a dialysis "partner?" What was your partner taught to do for your treatments? How did your nurse know that your partner (if applicable) knew enough to help you at home? (V585, 586)
7. What sorts of things were you taught to report to your physician or home training nurse? (V585)
8. Have you ever had to contact the nurse or physician after hours? Do you know how and have a way to do this if you need to? (V585)
9. How often do you come to the facility for clinic visits? How and how often do you get your treatment records to the clinic? Does anyone review them? (V587)
10. Who is your physician? How often and where does your physician or her/his associates see you? (V560)
11. Do the physician and staff involve you as much as you'd like in your care and in planning your care? Do they discuss changes in your treatment with you before they are made? (V456, 501,541)

12. Does anyone discuss your lab values with you? Have they discussed your dialysis "adequacy" and anemia with you? (V585, 562)
13. Has anyone talked with you about managing fluid and your blood pressure? (V504, 543)
14. How often do you speak to a dietitian? Has the dietitian provided you guidance with food choices and meal preparation? (V509, 545, 581, 592)
15. How often do you speak to a social worker? Has your social worker talked with you about how you and family are coping with kidney disease and home dialysis? What other things has the social worker assisted you with? (V510, 552, 581, 592)
16. Does anyone from the dialysis facility visited you at home? (V589)
17. Do you use EPO at home? Did you/your caregiver have training on administering the EPO? Tell me about the training, e.g., who provided the training, what did it include, were you taught about the possible side effects. How is EPO transported or delivered to your home? Where do you store the EPO in your home? (V548, 585)
18. How is your dialysis machine maintained? Is the machine cultured? Is the water quality tested? How do you test the water for chlorine/chloramines? (V597, 594, 595)
19. Have you been told how to get your dialysis if your machine is not working, or if there is a problem with the water? (V598)
20. Do you feel the staff treat you with respect? (V452) Is your privacy protected when you are at the dialysis center? (V406, 454)
21. Were you informed about your rights and responsibilities as a patient? Was it understandable? If you don't understand something the staff tells or gives you, do you feel comfortable asking for more information and are your questions answered ? (V451, 453)
22. If you had a problem or complaint, who would you talk to about it? Are you aware of a facility grievance procedure? Did you know you could file a complaint anonymously? Are you aware of the ESRD Network grievance procedure? (V465-467)

Is there anything else you would like to tell me about your care at this facility?

Thank the patient for talking with you and inform them of how long you will be at the facility if they wish to discuss additional issues.

Interview with Water Treatment Technician

Facility: _____ CCN: _____

Water Technician: _____ ID #: _____ Date/time: _____

Surveyor: _____

Ask the staff member routinely responsible for operating the water treatment system to accompany you as you inspect the water treatment components so that you may concurrently interview that individual about the water treatment system. Have this staff member identify and describe the function of each water treatment component, following the printed schematic diagram of the water treatment system. Ask them to explain how the proper function of each component is verified and what actions would be taken if a component fails. Observe the actual testing of water for chlorine/chloramines levels.

Areas of review should include:

Source water: Ask:

- What is the water source?
- How do facility personnel communicate with the source water provider?
- How is the facility notified of changes in the source water (i.e., addition of chemicals)?
- What contingency plans are in place for water system failure? (V182, 408)

Materials compatibility: Observe/Ask:

- Are any components which contact the purified water (i.e., after the RO or DI) made of materials such as copper, brass, galvanized material, or aluminum? (V212)

Organization of water treatment system: Observe:

- Does the schematic diagram accurately reflect the water treatment system? (V187)
- Is there a method for identifying the valves and their correct operating positions? (V187)
- Are there any "dead legs", which cannot be disinfected? (V211)
- Is the water distribution system designed to minimize microbial growth, with continuous flow during operating hours? (V211)

Carbon Adsorption: Observe: are there 2 carbon tanks/banks of tanks, with a sample port between? (V192, 195) Ask:

- What is the empty bed contact time (EBCT) of the carbon tanks? (V192, 195)
- How are carbon tanks monitored? (V196)
- What tests are done for chlorine/chloramines? When are the chlorine/chloramines tests done? What is the maximum allowable result? (V196)
- If the maximum level is exceeded, what actions are taken to protect patients from exposure to chlorine/chloramines? (V197, 270-273)

Water testing for chlorine/chloramines: Review written instructions for the test prior to observation of staff. The sample must come from the sample port after the primary carbon tank. Observe whether the test is performed correctly and if the correct reagents are used for the correct sample size, are within expiration dates and sufficiently sensitive for detection of unsafe chloramine levels. (V196) If a digital meter is used, is it zeroed prior to testing? (V403)

Reverse Osmosis (RO): Ask:

- Is the water quality continuously monitored? (V200)
- What is the set point for the water quality alarm? How was the set point determined? (V199)
- Is there a visible and audible alarm to notify staff in the patient treatment area of poor water quality? (V200)

- How will poor quality water be prevented from reaching the dialysis stations? (V200)
- How is the percent rejection rate determined? What actions are taken if percent rejection rate falls below 90%? (V200, 201)

Deionization (DI) must be present if there is no RO, or may be present w/RO as "polish" or back-up. Ask: How is the DI system monitored? (V202)

- Is there an audible and visual alarm in the patient treatment area? (V203)
- What water quality level would cause the alarm to sound?
- What actions are taken if a DI tank exhausts and water resistivity drops below acceptable levels? (V203)
- If DI tanks are stored onsite but offline of the water treatment system, is there a written procedure for flushing the tanks prior to placing them in-line?

Additional standard components of the water treatment system: Verify that each water treatment component is set up and monitored as recommended in the corresponding tags (refer to AAMI Table 4 on the "Monitoring the Water System" laminate or in the Interpretative Guidance following tag V250). Interview the person responsible for daily monitoring of the water treatment system to assess that s/he is knowledgeable regarding the normal parameters of the function of each component and what to do if a component fails. (V260)

- Components may include the backflow prevention device, temperature/blending valve, booster pump, sediment filter(s) (V188), cartridge filters (V189), softener (V190, 191), ultraviolet irradiator (V214, 215), and ultrafilters (V207).

Water storage tank: Observe: Does it have a conical base (to minimize microbial growth) and is it followed by an ultrafilter or other bacterial control device? (V208, 209)

If any non-standard water treatment components are present: Determine their function, any potential risks the component presents to patients, and how the component may alter the quality of the product water. Is the chemical injection system, if any, maintained and monitored per manufacturer's DFU? (V198)

Disinfection: Ask:

- How and how often are the water treatment equipment and distribution system disinfected, e.g., ozone (V216), hot water disinfection (V217-218), chemical disinfection (V219)?
- Is there a written procedure for disinfection? (V259)
- When are water cultures and endotoxin/LALs obtained in relation to disinfection and from which sample sites? (V213, V254)
- How are samples collected (V252) and how are cultures and LALs performed, e.g., in-house "dip" samplers (V256), in-house LALs (V258), outside lab? (V257)

Dialysate preparation and delivery: Observe acid and bicarbonate concentrate mixing and testing, if possible. Review the mixing logs. Ask the person responsible for mixing:

- What tests are done to ensure proper concentration of acid and/or bicarbonate is achieved? (V229)
- How long is mixed bicarbonate kept? (V233)
- Are acid (V231) and bicarbonate (V232) mixing tanks emptied completely before another batch is mixed?
- How are the dialysate mixing systems disinfected? (V230) If ozone is used for disinfection, how is sufficient concentration assured? (V241) Is the bicarbonate system disinfected weekly? (V239)
- What bacterial surveillance is done on the dialysate mixing and delivery systems? (V242)
- Are all containers of dialysate concentrates labeled clearly? (V228)
- How are the concentrate jugs maintained? (V243, 244)
- Are concentrates ever spiked with additional electrolytes? (V235) Who is responsible for doing this? (V235) Are there any spiked jugs of concentrate available for use now? If so, inspect those for appropriate labeling. (V236)
- If dialysate concentrates are centrally delivered, what systems are in place to prevent accidental mix-ups? (V222, 245-247)

REUSE: INTERVIEW OF TECHNICIAN AND OBSERVATION GUIDE

Facility: _____ **CCN:** _____

Reuse Technician: _____ **ID #:** _____ **Date/time:** _____

Surveyor: _____ **ID #:** _____

Use observations and interview to determine if personnel involved in reprocessing have adequate training and/or experience to perform the assigned tasks.

Training: Ask:

- How long have you been a reuse technician? What training did you receive? (V308, 309)

Germicide: Ask:

- What germicide is used for reprocessing? What risks and hazards are associated with that germicide? (V308, 319)
- What protective clothing do you wear and why? If required for the germicide in use, ask: is there a respirator on-site? If so, does the facility respirator program include fit-testing and competency training? (V320)
- What do you do in the event of a large/small spill of germicide? Where is the "spill kit" kept? (V39)
- How and where is the germicide stored? How is germicide diluted/mixed? What water source is used to mix germicide? (V338)
- Once a dialyzer is reprocessed, how long must it be exposed to germicide before it can be used for dialysis (minimum dwell time)? (V349)
- How long can a reprocessed dialyzer be stored before it must be refilled with germicide (maximum storage time)? (V345)
- What is the process for starting use for a new dialyzer if one fails? (V335)

Air Testing: Ask:

- How are vapors from germicides monitored? What steps are taken if the staff complains of discomfort from vapors? (V318)

Microbial monitoring: Ask:

- What cultures and endotoxin level tests are routinely performed in the reuse room? (V205, 314)
- Who collects them? (Note: Reuse Technician may not know if technical supervisory personnel are responsible for this)

Reprocessing procedures: Observe reprocessing of 2-3 dialyzers. Ask before or during observation:

- What reuse procedures do you follow from the time dialyzers are brought to the reuse room to end of reprocessing?

PPE: Observe that protective equipment is used during reprocessing and whether durable gloves, goggles/face shield, eye-wash station, and protective clothing (impervious apron) are available and used. (V320)

Labeling: Observe whether reprocessed dialyzer labels are properly applied, legible, and complete. Do they obscure the manufacturer's label or block clear view of dialyzer's blood fibers from end to end?(V329) Do labels include at least the patient's name, number of previous uses, date and time of last reprocessing, and initials of person who did the reprocessing? (V327) Are dialyzers of patients with same or similar names clearly marked to alert staff? (V330)

Transporting: Observe how dialyzers are brought into the reuse room. (V331) Ask:

- How soon must dialyzers be reprocessed after coming to the reuse room? Are they refrigerated, and, if so, how long can they be refrigerated before being reprocessed? (V331)

Pre-rinse: Observe whether dialyzer header caps are removed, and if so, is only AAMI quality water used to clean the ends of the dialyzers? Are header caps & o-rings kept together, disinfected and reassembled wet w/germicide? (V339) Ask:

- What is the source of the water for pre-rinsing dialyzers? (V314)
- Are there parameters for maximum water pressures during rinsing? (V332)

Testing: Ask:

- How is the dialyzer total cell volume (TCV) determined? How is each dialyzer's baseline TCV determined? What is the minimum acceptable TCV of a used dialyzer? (V335)
- When and how is the leak/blood path integrity test performed? (V336)
- What would cause a dialyzer to fail the visual/aesthetic inspection? (V343)
- Where is a dialyzer discarded if it does not pass one of the tests or inspections? (V344)

Filling with germicide: Observe whether blood port caps are disinfected (V340) and whether the outside of the dialyzer is cleaned. (V342) Ask:

- How do you determine if reprocessed dialyzers contain appropriate concentrations of germicide prior to storage? (V341)

Recording: Observe whether the reprocessing information is recorded. (V326) Ask:

- What is recorded, how is it recorded, and to whom are dialyzer failures reported? (V356)

Adverse patient reactions: Ask:

- What are the symptoms of a germicide reaction? (V308, 355)
- What would you do if a patient has a temperature greater than 100°F or chills? (V355)

If you identify any concerns and/or questionable reprocessing practices, refer to the applicable policy and procedure to determine whether the problem is in the training, procedure development, and/or oversight of the reprocessing program.

INTERVIEW WITH HOME TRAINING NURSE

Facility: _____ CCN: _____ Date: _____

Home Training Nurse: PD/HHD _____ ID# _____

Surveyor: _____

Personnel qualifications: Ask:

- How long have you been a nurse? How long have you worked with PD and/or hemodialysis patients? (V685)

General: Ask:

- How many home PD and/or home HD patients do you have currently?
- How are interested patients evaluated for PD and/or home hemodialysis, including evaluating the home environment for equipment and storage capacity? (V512, 553)
- How do IDT members assess/re-assess home patients? (V502-515, 517-520)
- Are home visits conducted and, if so, how often and by whom? (V589)

Training patients/partners: Ask:

- What topics do you cover in your PD and/or home hemodialysis training program? What materials do you give patients to use at home? (V585)
- How do you evaluate a patient's need for a home dialysis partner? How is a partner trained? (V585)
- What do you teach patients about storing and administering ESAs? (V548, 585)
- What do you teach patients to do in emergencies or disasters (e.g. water or power failure, delay in supply delivery)? (V585, 598, 768)
- How do you evaluate competence of a PD/HD patient and/or his/her partner before they go home? (V586)
- What is the system for ordering and tracking the patients' supply usage? (V597, 599)

Monitoring patients: Ask:

- How do you assess ongoing competency of home dialysis patients? (V586, 587, 590)
- How do you assess if home patients are following their dialysis prescription? (V587)
- How often do you see and/or communicate with home trained patients? (V588, 590)
- How do you monitor patients' home adaptation? (V589)
- How is care planning for home patients conducted and what team members are involved in care planning? (V542, 591)

- How often do the doctor, dietitian and social worker consult with home patients? (V588, 592)
- What signs would alert you that you need to re-educate a home patient? (V501, 543, 544, 547, 549, 582, 586)

Medical records: Ask:

- How often are home dialysis patients' treatment records obtained and reviewed? (V587, 599)
- How do you maintain home patients' medical records? (V587, 599, 731)

IDT consultation: Ask:

- How do the dietitian and social worker provide services to home patients? (V588, 592)
- How do IDT members counsel with patients regarding following their treatment prescription?(V543-547, 552, 592)
- What is the facility's system for 24/7 coverage and how are patients informed? (V585)

QAPI: Ask:

- How is the home training program evaluated as part of the facility QAPI program? (V626)

Review outcomes for the home patients with the responsible RN; if issues are identified, interview the medical director regarding oversight of the home program.

Additional questions for the nurse responsible for PD: Ask:

- How and how often is the patient's PD catheter exit site assessed? (V511)
- What types of symptoms are patients told to report? (V585) What actions are taken when patients report symptoms of peritonitis or exit site infections? (V590-592)
- How are problems with patients' cyclers handled?(V403, 597)

Additional questions for the nurse responsible for home HD: Ask:

- What home hemodialysis machines and, if applicable, water purification systems are currently in use in patients' homes?
- How is the home hemodialysis water and dialysate quality monitored? (V593-596) **Note:** Review testing results for machines and water treatment systems in records you review.
- What actions are taken if there is a problem with the dialysis machine or water quality? (V596)
- Who is responsible for maintaining home dialysis machines and water treatment components? (V403, 593, 597)
- What is your facility's plan for back up in-center HD, if needed? (V598)

Medical Record Review–Peritoneal Dialysis

Facility: _____ CCN: _____ Surveyor: _____

Patient Name: _____ ID#: _____ Review Date: _____ DOB/Age: _____

PD Catheter type/location: _____ Vascular Access type/location (if any): _____

Cycler: Y N Manual Exchanges: Y N

Admit Date: _____ Reason Sampled: _____

Diagnosis: _____

Physician's Orders:

Is there documentation of the following?

Item	V Tag	Present Y/N	Date	Comment
Comprehensive interdisciplinary assessment and reassessment(s) comply with regulation	V501			
Assessment of the patient's home environment for equipment and supply storage?	V589			
Home dialysis training content complies with regulation?	V585			
Patient competency testing?	V586			
Helper (if any) competence testing?	V586			
No gap >2 months for completed treatment records	V587			
PET performed & results or ordered?				
Consultation with the IDT as needed?	V592			
Problems and goals are addressed and/or resolved?	V591			
Notes of physician, advanced practice registered nurse or physician assistant contact?	V560 V592			
IDT notes show continuity of care	V599			
DME data every 30 days on services/items provided	V599			

Orders, Plan of Care, progress notes, etc. demonstrate implementation of the POC:

Physician (APRN/PA):

Nurse:

RD:

MSW:

Patient/Designee involved in care/planning for care:

Home records indicate care delivered is as ordered? Y N Home care ≥ in-center care? Y N

Home visit: Y N Home records reviewed by IDT member? Y N

Lab Values	Compare with the facility target/threshold goals and clinical practice standards on MAT*				
Date:					
Albumin BCG ≥4.0mg/dL					
Calcium 8.5-10mg/dL					
Phosphorus 3.5-5.5mg/dL					
Ca+/PO4 ≤70					
PTH 100-300 pg/ml					
Na 135-148mEq/L					
K 3.5-5.5mEq/L					
Hgb 10-12g/dL, <13					
Hct 30- 36%					
WBC <10					
Ferritin 200-500mg/ml					
Transferin Sat >20%					
Fasting blood glucose <100					
Total Kt/ V delivered ≥1.7/wk (PD+residual kidney function)					
PET					
Creatinine					
CO2 22-28					
Hepatitis B-Ag/Ab					
HBV vaccine given					

* Values listed here are from MAT except for K, WBC and CO2 which are not referenced on the MAT

Patient Assessment and Patient Plan of Care Review (Stable = annual; Unstable = monthly; Goal not met = update)

Assessment Criteria	Date(s)	Plan of Care	POC Tag	Goal Met?	If Not Met- Reassessment And POC Revision(s)
Current health status V502				Y/N	
Approp of dialysis Rx V503				Y/N	
BP/ fluid manage V504			V543	Y/N	
Labs V505				Y/N	
Immunization/med history V506				Y/N	
Anemia V507			V547 V548 V549	Y/N	
CKD mineral bone disorder V508			V546	Y/N	
Nutritional status V509			V545	Y/N	
Dialysis access V511			V550 V551	Y/N	
Adequacy V518			V544	Y/N	
Psychosocial needs V510			V552	Y/N	
Family/support sys V514			V552	Y/N	
Current phys activity/voc rehab V515			V555	Y/N	
Transplant referral** V513			V554	Y/N	

** If the patient was determined as not suitable for home dialysis or transplantation, there must be evidence of that rationale.